

REVIEWS.

ART. XVII.—*A Practical Treatise on the Diseases of Women.* By T. GAILLARD THOMAS, M. D., Professor of Obstetrics and the Diseases of Women and Children in the College of Physicians and Surgeons; Physician to Bellevue Hospital, etc. 8vo. pp. 625. Philadelphia: Henry C. Lea. 1868.

THE proportion of men to women condemned to capital punishment is, Voltaire¹ asserts, not less than fifty to one. But though in virtue of her peculiar physical organization, her social position and duties, and her psychological nature, she is so much less liable to the commission of crimes punishable by death, she has, in virtue of that same organization, the peculiar functions of her economy, and certain social habits and customs, been made subject to very many physical sufferings and diseases from which her robust companion is exempt. Every general practitioner must have observed that not only among his adult patients the number of females preponderates, but, though not quite "fifty to one," this preponderance is very great; besides, we have our special hospitals and special practitioners; the number of each is probably destined greatly to increase, for diseases peculiar, not to men, but to women.

It is not strange, then, that works upon these diseases should in recent years be so multiplied, since means of investigation that were either entirely unknown, or known to only a few, or but partially developed, have now been perfected, thanks to the labours of such men as Récamier, Simpson, and Sims. And it is well for those who have the ability, the desire, and the opportunity of studying such maladies, to give the ripened fruit of their toil to a profession eager to receive it. This eager desire is not the simple thirst for knowledge, nor the mere prompting of general philanthropy, of which medicine in its best estate is one of the highest manifestations—but rather is expressive of a direct, immediate, and personal interest in woman herself, who "out of the depths" of her physical sufferings looks up to us for relief or release. "That man is to be pitied," says Coleridge, "whose own mother has not rendered all other mothers sacred to him;" and woman, whether mother, wife, sister, or daughter, wears somewhat of a consecrated character to the true physician, and to know, to cure, or to palliate her diseases are the promptings of every noble and and chivalric impulse in his nature.

We are not prepared to range ourselves with those who think the former times were so much better in respect of woman's health, than are the present; with a cheerful optimism we would accept the explanation which Lisfranc gave more than a score of years ago, of the alleged increased frequency of uterine diseases, the essential part of the explanation being the increased knowledge of such diseases.

As evidence of such increased knowledge, observe the increase of its literature among us. Translations from the French, reprints from British

¹ Dictionnaire Philosophique, tome iii. p. 201.

authors, and original volumes from some of the leading men in the American profession are presented us. As physicians, we may rejoice at this affluence of the products of labour in this department of medicine; and as Americans, we can be justly proud of the contributions of such men as Meigs and Hodge, Bedford and Byford. And now a new candidate for favour, the work likewise of a countryman, presents itself, presents itself too just when recent editions of "West," "Byford," and "Hewitt," have been issued, as if there were no fear of the ordeal of a comparison with these standard volumes. And indeed were such an ordeal to be instituted, it would not result unfavourably to "Thomas."

We entered upon the examination of this work confident its pages would be found replete with interesting and practical instructions. That confidence has not been disappointed. The author, though comparatively a young man, is well known to the American profession, by his contributions to periodical medical literature, and by his occupying a prominent position as a medical teacher, having therein made for himself an enviable reputation with medical students as an attractive and instructive lecturer, happily illustrating the too much neglected truth, that the graces of true oratory, and even the impassioned fervor of eloquence, are not alien to a medical professorship. No wonder that Prof. Thomas, with his abilities and opportunities, should make a good book; the wonder would have been had he failed. And yet we cannot, even before entering into an analysis of the volume and presenting some criticisms upon several points, refrain from a regret that there is not *more of it*, for it seems to us some subjects, though not of major, but of some importance, have been omitted, some few others too briefly considered, while in one or two instances most unequal consideration, in reference to the emergencies of practice, is allotted to subjects illustrative of the last point; no physician cares to read as much in reference to *recurring fibroid*, or *super-involution*, conditions that he rarely, the first, probably, never meets with, as he does in regard to *sub-involution*, a condition of comparatively frequent occurrence, and which so often baffles his best efforts to cure.

The first chapter is entitled "An Historical Sketch of Uterine Pathology," in the preparation of which the author states he has drawn largely from contemporaneous writers. Similar sketches, some of them more extensive, may be found in the works of several recent authors upon the diseases of women, *e. g.*, Nonat,¹ Courty,² and Wright;³ but in the first and the third of those just mentioned, not a single allusion is made to American labours in this field, while the second briefly refers to "the American school to which we owe the first ovariectomies, and the generalization of the operation for vesico-vaginal fistula," mentioning in a foot-note the volumes of Dewees, Meigs, Bedford, and Hodge, and the contributions of Dr. W. L. Atlee, upon ovarian operations, to this Journal. Dr. Thomas speaks of McDowell and Atlee, as important contributors to this department of medicine, and especially lauds Marion Sims as having by the invention of his speculum marked an epoch, as Récamier with the speculum and Simpson with the uterine sound had previously done, in the progress of gynecology.

He, justly, does not favour the admission of women to the duties and responsibilities of medicine, even when limited to the professional care of

¹ Traité Pratique des Maladies de l'Uterus. Paris, 1860.

² Traité Pratique des Maladies de l'Uterus et de ses Annexes. Paris, 1866.

³ Uterine Disorders. London, 1867.

their own sex ; after a brief historical sketch of this question, which is now vexing the minds of the profession in some parts of the country, he thus states :—

“There is no resisting the evidence of history, that, in spite of opportunities and incentives, female practitioners have failed, in times past, not only to advance, but even to maintain the integrity of the art intrusted to their hands.”

Chapter II. is entitled the “Etiology of Uterine Diseases in America.” The *causes* presented are :—

“Want of fresh air and exercise. Excessive development of the nervous system. Improprieties of dress. Imprudence during menstruation. Imprudence after parturition. Prevention of conception and induction of abortion. Marriage with existing uterine disease.”

It seems to us that some of these causes are not peculiar to American women ; and while the chapter devoted to their discussion is valuable, yet we believe its value would be greater were it simply upon the etiology of uterine diseases, though of course more space would be required.

Chapter III. is devoted to “Diagnosis ;” it contains numerous illustrations of the different means for and methods of exploration of the female organs—among the former, of the author’s telescopic speculum and of his modification of Sims’, and of Cusco’s speculum—and much practical instruction admirably presented. In speaking of the uterine sound, the author greatly prefers the instrument as modified by Dr. Sims—“not a sound, but a probe, only a little larger than the ordinary surgical probe, composed of pure silver or copper, and perfectly pliable”—undoubtedly a just preference. But what are we to say of the well-nigh universal resort to this instrument in cases of suspected uterine disease, as told in the following passage ? “In my own practice I use it in almost every case which I examine, and never have I done injury to a patient except in a few rare cases where miscarriage was produced, no suspicion of pregnancy being entertained.” Those “few rare cases where miscarriage was produced” ought to enforce most strongly the rule, never to use the sound where there is the least suspicion of pregnancy. Pajot¹ recounts a case of complete retroflexion satisfactorily made out by the touch, and the patient then, as the period of her accouchement testified, pregnant some fifteen days or three weeks : the uterus was reduced spontaneously about the fourth month. Well does he add, *Si j’avoir introduit une sonde dans l’utérus!* He also declares himself of the opinion of Scanzoni that the sound is almost never indispensable for the diagnosis of uterine flexion.

Professor Thomas gives his “opinion that no case of uterine disease should be regarded as fully investigated unless the cavity of the uterus be probed. Of course there are, in some cases, contraindications to such a procedure, but where none exists it should be considered as essential to a thorough examination.” We will not say that our author exaggerates the value of the sound, though such an assertion would be sustained by many, but we sincerely believe that the contraindications to its use ought to have been, at least for the sake of those who are making their first essays with it, fully and explicitly stated.

In speaking of *sponge-tents*, the author refers with approbation to covering them with gold-beater’s skin, “as recently suggested by Prof. J. C.

¹ Archives Générales, vol. i. p. 226, 1867.

Nott,¹ formerly of Mobile." Courty² mentions such a covering being used in the sponge-tents made by M. Beaudassé Cazottes, at Montpellier.

With Chapter IV. the special consideration of diseases commences; an anatomical description precedes the discussion of the diseases of each organ, a plan the usefulness of which must be quite obvious. A chapter upon *embryology*, as it pertains to the development of the female sexual organs, would have been most instructive and useful; for such study is a key, as well observed by Courty, to those so-called malformations, more properly arrests of development—conditions normal at one or another period of the foetal state—some of which so seriously interfere with function, and demand surgical treatment.

We have no special remarks to make in regard to the contents of this fourth chapter, devoted to "Diseases of the Vulva," except on two points. The author, in speaking of *pudendal hæmatocele*, says, "When the tumour is large, and we feel sure, on this account, that it will not undergo absorption, it is advisable to evacuate the blood-clot by incision." Would it not be safer to say, if the effusion be large and recent, be content with cold applications for a day or two, and then evacuate by incision? Professor Simpson taught us this lesson once in a case which we had an opportunity, through his kindness, of seeing with him.

In the therapeutics of *vulval pruritus* we find no mention of Dr. Dewees' favourite local application, the value of which has been indorsed by Dr. Meigs and others, a solution of biborate of soda.

Chapter V. is upon "Rupture of the Perineum." The two operations given for the treatment of this lesion are Baker Brown's and Dr. Sims'. There might be a third added, Dr. Agnew's.³

"Vaginismus" is the subject of Chapter VI. Dr. Thomas states that this hyperæsthetic condition of the vaginal orifice was first described by Burns, who advised an operative procedure which has since been revived, and is at present regarded as the only reliable method of cure; that Dr. Marion Sims fully described the affection in 1861, recommending, with slight modifications, the operation of Burns, and that since that time it has been treated of by Michon, Debout, &c. The causes of this condition are, according to our author, as follows: "The hysterical diathesis; excoriations or fissures at the vulva; irritable tumour of the meatus; chronic metritis or vaginitis; pustular or vesicular eruptions on the vulva; neuro-mata." In the conclusion of the therapeutics of the disorder, we are taught that as the act of parturition would be very apt to remove the hyper-æsthesia, and as sexual intercourse may be impossible under ordinary circumstances, "the patient may be thoroughly anæsthetized, in the hope that complete connection accomplished under the circumstances may result in pregnancy."

There are two or three matters involved here at which we wish to glance. Burns' exposition of the disorder we know only from the reference to it by Professor Simpson;⁴ Dr. Sims' paper upon "Vaginismus" was communicated by Dr. Tyler Smith to the London Obstetrical Society, November 6, 1861—the essential part of this paper will be found also in his work on *Uterine Surgery*.⁵ Dr. S. says that his paper was presented in December,

¹ See Richmond Journal, July, 1867, p. 103.

² Op. cit., p. 151.

³ Pennsylvania Hospital Reports, p. 61.

⁴ Clinical Lectures on Diseases of Women. Philadelphia, 1862.

⁵ Clinical Notes on Uterine Surgery. By J. Marion Sims, A. B., M. D., &c. American edition. New York, 1866.

1861, and will be found in the second volume of the *Obstetrical Transactions* (see *Uterine Surgery*, p. 321); but the date we have given is the correct one, and the paper will be found in the *third*, not the second, volume of the *Obstetrical Transactions*.

Dr. Sims' first case of *vaginismus* was observed in May, 1857. Now, nearly three months before the presentation of Dr. Sims' communication to the Obstetrical Society, an elaborate article by Debout,¹ bearing the title "Spasmodic Contraction of the Vaginal Sphincter, and its Treatment," was published in France; and subsequent numbers of the same journal in which the first article appeared contained additional articles upon the same subject by Michon, Huguier, and Debout—the last appearing October 15, 1861. From these articles we learn that the disease was regarded as either *symptomatic* or *essential*; that Roux met with a case in a Russian lady who had been married for several years without sexual congress ever having occurred, and he proposed to cure it by incision, but the patient refused; that in one of Dupuytren's clinical lectures upon fissure of the anus a case of vaginal spasm is alluded to as being cured by incision; that Michon records eleven cases, the first falling under his observation in 1847; and that Huguier, in his thesis published in 1837, narrates two cases, one of them observed in 1831. As to the etiology of the affection, Debout says:—

"It is a law of general pathology that when a muscular plane is covered with mucous membrane, if the latter be attacked by severe and protracted inflammation, the muscular fibres may become the seat of a spasmodic contraction: the persistence of this morbid condition leads to permanent contraction, examples of which may be found in the œsophagus and in the urethra. When the muscular plane is a sphincter, designed to close an opening, as the anus, the vulva, the eyelids, &c., it is often sufficient that the mucous membrane may be the seat of a lesion which causes an exaggeration of its normal sensibility—as a hyperæsthesia, a fissure, etc.—in order that the muscular spasm may be established."

In specifying the causes of vaginal spasm, Debout enumerates inflammation of the mucous membrane, of the mucous follicles, vagina, etc., but regards as the two most frequent, hyperæsthesia and fissure. As a predisposing cause, and it seems to us an important one, he dwells upon the anatomical disposition of the perineum which, in some women, being prolonged upward, the vaginal orifice opens above this structure so as to require the finger or speculum when introduced, while the patient is lying upon her back, to make an acute angle with the pubes. When a newly-married woman has this "vicious conformation," it is evident that intromission might be difficult, if not impossible. Debout still further states that the affection sometimes has its origin in the husband—excessive delicacy, timidity, deep sympathy, advanced age at which the marriage is contracted, previous abuse or congenital impotence, may prevent his surmounting the obstacle presented by the hymen; and hence the reiterated attempts at copulation only provoke irritation of the tissues, and then vaginal spasm follows. As to treatment, Huguier advocates incision; Michon, too, resorted to it in almost all his cases, but concludes that dilatation will answer in very many; while Debout refers to incision as *par trop brutal pour être le dernier mot de la science*; only in exceptional cases resorting to it, and then preferring the subcutaneous method. He advocates cold as a valuable agent for

¹ Bulletin Général de Thérapeutique Médicale et Chirurgicale, August 15, 1861. Dr. Churchill (*Diseases of Women*, 5th edition, Dublin, 1864, p. 125) has fallen into the same error as to the publication of the papers of Debout and Michon, making them *succeed* instead of *precede* that of Dr. Sims.

overcoming simple hyperæsthesia—cold hip-baths, cold injections into the vagina—dilatation, if necessary, with caoutchouc bags; and where fissures exist, *abrupt* dilatation, as Récamier advised in anal fissure, with the fingers, or else by means of a bi-valved speculum introduced *closed*, withdrawn suddenly, its blades *separated*—of course the patient, in case either of these manœuvres being resorted to, should be anæsthetized. This much for some of the literature of the subject prior to any contribution from Dr. Sims. And we have occupied so great space already, that we are constrained to omit some two or three other topics which we had marked for reference. There is one, however, upon which we must say a few words, viz., the proposition originally advised and acted upon by “the family physician” referred to on p. 333, of Sims’ *Uterine Surgery*, but now deliberately authorized in certain cases of *vaginismus*, “the patient may be thoroughly anæsthetized, in the hope that complete connection, accomplished under these circumstances, may result in pregnancy.” We did not expect that this practice, after having been so “vigorously” criticized, would be indorsed by any one. One¹ whose pure and noble character we of the medical guild can never too much admire, wrote :—

“I would be content that we might procreate like trees, without conjunction, or that there were some way to perpetuate the world without this trivial and vulgar way of coition. It is the foolishhest act a wise man commits in all his life, nor is there anything that will more deject his cooled imagination, when he shall consider what an odd and unworthy piece of folly he hath committed.”

And another eminent author,² of a like pure and gentle life, though judging hastily from some things he has written, some might think otherwise, has through one of his characters said :—

“That provision should be made for continuing the race of so great, so exalted, and godlike a being as man, I am far from denying; but philosophy speaks freely of everything; and therefore I still think, and do maintain it to be a pity, that it should be done by means of a passion, which bends down the faculties, and turns all the wisdom, contemplations, and operations of the soul backwards—a passion which couples and equals wise men with fools, and makes us come out of our caverns and hiding places more like satyrs and four-footed beasts than men.”

But now “the passion which likens men to satyrs and four-footed beasts,” and “the vulgar way of coition,” rise to the dignity of an important therapeutic agent; “the delicacy of Diogenes and Plato would not recalcitrate,” while the benevolent physician, his heart brimming and his eyes suffused with pity, and his mind exalted in the contemplation of the boundless resources of his art, with ether or chloroform prepares the trembling, shrinking wife for the embraces of her husband, hoping that she may become pregnant, and then be cured of her horrid vaginismus.

Vaginitis is the subject of Chapter VII. This disease is divided into *simple*, *spectfic*, and *granular*—divisions similar to those made by Guérin.³ In speaking of the second variety, the author refers to the fact that the disease may be concealed for some time in the posterior vaginal cul-de-sac; explaining, as stated by Guérin, how women, apparently healthy, and who sincerely believe they are, may transmit gonorrhœa. A case mentioned by this French author⁵ well illustrates this truth—possibly, too, may help to

¹ London Medical Times and Gazette, Feb. 1867.

² Sir Thos. Browne, *Religio Medici*.

³ Sterne.

⁴ *Maladies des Organes Génitaux Externes de la Femme*.

⁵ *Op. cit.*, p. 287.

enforce the famous injunction of the elder Weller—and so we take the liberty of giving it: A wife received gonorrhœa from her husband, was treated for it, and believed herself well; she noticed her linen was stained a little before and after each menstruation, but no discharge whatever in the inter-menstrual period; her husband died, and, more than three years after having first had gonorrhœa, being passionately in love with a married man, she yielded, just after menstruating, to his passion, and gave him gonorrhœa.

Atresia Vaginæ is the subject of the 8th chapter. Under the head of treatment, Dr. Thomas says:—

“The sudden evacuation of menstrual blood, which has been for a long time imprisoned in the uterus and vagina, is always a procedure attended by danger. Even where the obstruction has been only an obturator hymen, such an operation has been followed by endometritis, peritonitis, and death. The danger is probably dependent upon the fact that the imprisoned fluid distends the uterus and Fallopian tubes, and renders them so sensitive that the admission of air produces a septic endometritis, which in its course and termination resembles closely the most common form of puerperal fever.” p. 139.

This is stating the cause of death, in such cases, more strongly than Dr. Hewitt does, who says:¹ “A certain number of deaths are to be attributed to purulent absorption, the admission of air producing decomposition of blood and pyæmia;” but he also recognizes the explanation given by Bernutz of other fatal cases. The latter states,² that intra-peritoneal effusion of a portion of the menstrual fluid is liable to occur, consequent upon so slight an operation as incising an imperforate hymen, or separating the adherent lips of the os uteri, because the operation evokes the contractility of the uterus; and that this contractility, instead of ceasing after the abrupt expulsion of the greater part of the liquid contained in it, persists, and thus forces the blood contained in the tubes against the walls of the pseudo-membranous cyst connecting the tube and ovary: too often these walls rupture, and peritoneal effusion occurs. This is not a question of merely speculative interest, for if Bernutz be right, the rules³ he lays down for the evacuation of collections of menstrual blood ought to be followed.

Prolapsus Vaginæ and *Vaginal Herniæ* are the subjects of the 9th chapter.

The 10th is devoted to *Fistulæ of the Female Genital Organs*. In reference to the causation of these lesions, Professor Thomas quotes from Baker Brown's report to the London Obstetrical Society, statistics showing most conclusively that these lesions are to be attributed to “protracted labour,” rather than to the “use of instruments,” and adds that the experience of Drs. Sims, Emmet, and Bozeman is confirmatory of this position. It is well for the profession to understand this truth, in order that they may be guided in practice how to prevent these accidents, and also be deterred from censuring such misfortunes in the practice of others, when the party who called in at “the eleventh hour” of protracted labour, effects delivery by means of the forceps, or other obstetrical instruments. And yet we may go too far, for all genito-urinary fistulæ in the female do not occur from protracted labour; instrumental interference may produce them; nor is it essential, in other cases, for their occurrence that the labour should be prolonged. We should not forget the statement made by Professor Simp-

¹ Diseases of Women, Amer. edition, p. 435.

² Clinique Médicale sur les Maladies de Femmes, vol. i. p. 68.

³ Op. cit., pp. 302, 303.

son'—a vesico-vaginal fistula caused by a tyro using a lancet with the design of perforating the membranes, but penetrating the bladder instead; nor the case falling under the notice of Dr. J. Matthews Duncan,² where a similar lesion resulted from the improper use of the forceps. And, on the other hand, we do not believe, as we have already said, that the labour must necessarily be protracted in order that these fistulæ may occur, for let a tissue be compressed violently between two unyielding surfaces, and continuously, its vitality may probably be as effectually destroyed in an hour as in a day.

The description the author gives of the method of treating the ordinary forms of these lesions, leaves nothing to be desired; it is excellent, clear, concise. The illustrations, too, are numerous and excellent; two of them, as well as several others in the volume, are credited to Wieland and Du-brisay, and we confess, to our shame, we know not who they are; and Dr. Thomas nowhere informs us. On page 183 we read:—

“In addition to the varieties of urinary fistulæ mentioned here, certain rare instances of union between the ureters and vagina or uterus have been recorded. A case of what the author styles uretero-uterine fistula may be found in the *Dictionnaire de Médecine*, vol. xxx., from the pen of M. Berard.”

There is then quoted “the logical process of reasoning by which the diagnosis was made.” Now, this lesion is not what M. Berard alone styles uretero-uterine fistula; the condition and the name have been recognized by others as well. We would be glad had Dr. Thomas at least noticed Da Costa's proposed plan of treating this variety of fistula. In reference to “certain rare cases of union between one of the ureters and the vagina,” or uretero-vaginal fistulæ, some months since we made faithful search of all the authorities at our command, and diligent inquiry of several eminent surgeons, respecting such a case, but in vain; and we regret that Professor Thomas has not given any bibliographic references upon this topic, so that we might renew our quest with the certainty of success.

From Chapter XII. to XX., including the first, we have the subjects of *uterine inflammation and ulceration* in their various forms, and their *treatment*, considered in a manner so clear, so satisfactory, and so practical, that we feel like declaring it, in our opinion, among the most valuable parts of the treatise.

“Displacements of the Uterus” follow, occupying nearly seventy pages. This chapter will be found very useful and instructive, and entirely satisfactory to all, except those who base their uterine pathology upon uterine-displacements—constantly have their mouths full of fallen wombs and pessaries.

“Inversion of the Uterus” is considered in Chapter XXIV. Professor Thomas recognizes but two causes of this condition, viz: “1. Relaxation and inertia of the uterine walls; 2. Downward traction or pressure.” Nevertheless, as pointed out by Dr. Duncan,³ the uterus may be inverted not merely spontaneously, as the phrase is, but inverted by its own active efforts—cases which, more than others, deserve the name of intussusception; at least such would be the conclusion after reading his clear exposition of the mechanism of uterine inversion.

The *treatment* of this condition Dr. Thomas gives very briefly; he

¹ Op. cit., p. 19.

² Researches in Obstetrics. Edinburgh, 1868, p. 402.

³ Op. cit., p. 374.

enumerates three methods of reduction of the inverted "non-pregnant" (why not simply *chronic* inversion?) uterus as follows :—

"I. The method of Viardel, dilating by the fingers the constricting neck and forcing up first the tissue which came forth last.

"II. The method of White, of Buffalo, by indenting the fundus, and thus returning first the part which first escaped.

"III. The method of Nöeggerath, by indenting the cornua, by pressure over the lateral surfaces of the tumour so as to re-invert one or both of these parts, thus imitating the occurrence of the accident, according to the theory of Kiwisch."

After a quotation from Jacquemier,¹ and one from Becquerel,² a remark or two as to the first two methods may not be inappropriate. Jacquemier mentions two methods of reducing an inverted uterus: first, the fingers formed into a cone are to be pressed upon the centre of the tumour; second, the tumour is embraced by means of the fingers distributed around its pedicle, and the operator commences as in the reduction of a hernia in causing those parts which escaped last to be restored first. Becquerel in referring to the method, dite de Viardel, says that it is necessary so far as possible to cause those parts which escaped last to enter first, etc.

It seems evident that in the first method given by Jacquemier—though he alludes to acute inversion—the operator would simply be doing what Dr. Thomas claims is Dr. White's operation, dimpling or indenting the fundus, "and using it as a wedge to dilate the neck and os;" certainly too, this process of "doubling in or dimpling the fundus" is not claimed by Dr. White to be applicable except to recent cases—at least such is his statement in the interesting paper published in this Journal, July, 1858.

Neither Jacquemier in his second method, nor Becquerel in describing the method of Viardel, while both explicitly state the importance of returning first that portion of the uterus which escaped last, is explicit as to the means by which this is to be accomplished. But, on the other hand, for the clearest and best exposition of this point, an exposition verified by several successful cases, the profession is indebted to Dr. Emmet,³ and the method should be called by his name rather than by that of Viardel.

We come next to "Peri-uterine Cellulitis," "Pelvic Peritonitis," and "Pelvic Abscess," presented in their order in three successive chapters, while immediately following there is a chapter upon "Pelvic Hæmatocele;" and still further on in the work, with several chapters intervening, the disorders of menstruation are considered. The study of menstruation and its derangements, ought to precede, it seems to us, the first three subjects, for the obvious reason that the latter frequently have their origin in the former. So, too, following in *place*, as it often does in *practice*, disorders of menstruation, *hæmatocele* might be placed; while *pelvic abscess*, being in the majority of cases simply a result of *pelvic cellulitis*, properly belongs to the chapter devoted to that subject—or, at least, might appropriately be placed in a chapter immediately following it.

This criticism made—and we make it with considerable hesitation, for

¹ Manuel des Accouchements. Paris, 1846. Volume ii. 579.

² Traité Clinique des Maladies de l'Uterus et de ses Annexes. Paris, 1859. Volume ii. 314.

³ American Journal of the Medical Sciences, January, 1866, January, 1868; see also monograph entitled, Reduction of Inverted Uteri by a New Method, by Thos. Addis Emmet, M. D., Surgeon in charge of the New York State Woman's Hospital, New York, 1866.

all through the book we see so many evidences of thoughtful, clear arrangement, that we are half ready to distrust our own judgment as to the point presented, and to believe that the author had excellent reasons, though we cannot see them, for the order he has selected—we can only speak in the warmest commendation of the three chapters first referred to. We are especially rejoiced to find one systematic writer upon diseases of women who clearly draws the line of distinction between inflammation of the connective and of the peritoneal tissue of the pelvis.

"Fibrous Tumours" are considered in Chapter XXIX., and "Polypi" in Chapter XXX. We are somewhat surprised not to find in the large array given of instruments for the removal of pedunculated fibroids, that of the wire rope *écraseur* of J. Braxton Hicks. It is, we believe, equal, if not superior to any other form of *écraseur* for such work, as well as for amputation of the cervix uteri.

Chapter XXXI. is upon "Cancer of the Uterus." Professor Thomas speaks of the termination of this disease being "always the same—death;" but among the immediate causes of a fatal issue he omits one which has been observed by others. Dr. Beatty,² we believe, first pointed it out. It arises from extension of the disease to the bladder, and not ulceration of that viscus, but obstruction of the ureters, leading to non-elimination of urine, and hence uræmic poisoning; and from this latter cause the last few days of the patient's life, who may for weeks or months live a daily martyr to untold agonies of pain, may be comparatively free from suffering, and at last have a true *euthanasia*. Cruveilhier³ states that frequently the inferior extremities of the ureters, in cases of cancer of the uterus, are enveloped in cancerous masses which compress them—this compression amounting sometimes to complete obliteration, but that this obliteration does not have the unfortunate results that theory would seem to indicate. However, in the light of Dr. Beatty's observations, the so-called "unfortunate results" are not to be deprecated, but regarded as constituting "the most merciful manner in which the life of the unfortunate victim of this inexorable disease can be brought to a close."⁴

We knew of a recent case of uterine cancer, where, for at least a week previous to dissolution, no urine found its way to the bladder, and the symptoms of uræmia were well marked.

We omit reference to the chapters intervening between that devoted to "Cancer of the Uterus," and the XXXVth, which is entitled "Functional Disorders of the Uterus," these embracing "Dysmenorrhœa," "Menorrhagia," "Amenorrhœa," "Sterility," and "Leucorrhœa." Whether leucorrhœa, which frequently is a mere symptom of organic change, and sterility, which is often dependent upon causes entirely extrinsic from the uterus, are appropriately classed here, might admit of dispute, though we are quite willing to concede, with good Sir Roger de Coverley, in his observations with reference to another question, "much may be said on both sides."

Dysmenorrhœa is the first of the functional uterine disorders discussed, the author accepting the divisions which have been made, viz: Neuralgic Dysmenorrhœa, Congestive Dysmenorrhœa, Inflammatory Dysmenorrhœa, Obstructive Dysmenorrhœa, Membranous Dysmenorrhœa. For therapeu-

¹ Obstetrical Transactions, vol. iii. p. 346.

² Contributions to Medicine and Midwifery, p. 346. Dublin, 1866.

³ Anatomie Pathologique, xxvii. livraison, p. 4.

⁴ Dr. Beatty, op. cit.

tical purposes—though of this we are not sure, for in the multiplicity of varieties the practitioner may be sorely puzzled in which to place a given case, especially when, as frequently occurs, it presents the characters of two or more of them—this division may be the best. Nevertheless, we believe that *neuralgic*, *congestive*, and *mechanical* would include all that is necessary to be considered under this head. For example, the so-called membranous dysmenorrhœa is—at least in the great majority of cases—an expression of inflammation of the lining membrane of the uterine cavity, of uterine engorgement, of fibroids, of polypi, etc.; and, moreover, the *difficulty* of menstrual *secretion* and excretion, one or both, may not be the only salient phenomenon, the menorrhagia may be quite as much so.

In defining *menorrhagia* and *metrorrhagia* Professor Thomas says :—

“A patient who menstruates too profusely is said to suffer from menorrhagia, while one who loses blood—not only at menstrual periods, but continuously—is said to suffer from metrorrhagia.”

“Menstruates too profusely” is somewhat indefinite, and loss of blood need not be *continuous* to constitute metrorrhagia.

The author speaks of amenorrhœa as “an absence of the menstrual flow in a woman in whom it should naturally exist.” We should prefer the definition which Bernutz¹ gives, making amenorrhœa signify “absence of the menstrual flow, and, by extension, diminution of that flow, in order to comprise under a single term two conditions of the same functional disorder which cannot be nosologically separated from each other.”

On the same page Professor Thomas says :—

“That the discharge of blood, which, occurring at monthly periods, constitutes menstruation, is a true hemorrhage, dependent upon the process of ovulation, is now regarded as a settled fact by most progressive physiologists.”

But is not “the discharge of blood,” which Dr. Thomas here says “constitutes menstruation,” simply the crisis and conclusion of a series of phenomena, the discharge of blood not being a function, but a product? As to menstruation being dependent upon ovulation, we know that such is the view entertained by many excellent authorities; certainly “this settled fact” finds no support in the laborious and careful investigations of Dr. Ritchie,² showing, as they do, that the menstrual flow may occur for successive periods without the evolution of a single ovum, and that mature ova are often extruded without this flow; and we feel inclined to accept the statement of Dr. Tilt,³ “that ovulation and menstruation are not convertible terms, and that they relate to phenomena which may be associated with, but are often entirely separated one from the other.”

As to the source of the menstrual flow, Professor Thomas attributes it entirely to the mucous membrane of the uterus, and such is the almost universal teaching of authors. And yet, with the facts mentioned by Bernutz⁴ and Goupil, where the Fallopian tubes, occluded at their uterine extremities, have been found distended with blood; and the admission of Dr. Duncan,⁵ that some little blood may no doubt be excreted from the tubes in natural menstruation, we can hardly admit the uterus as the sole

¹ Nouveau Dictionnaire de Médecine et de Chirurgie Pratique, tome deuxième, article Aménorrhée.

² Ovarian Physiology and Pathology, p. 119. London, 1865.

³ Uterine and Ovarian Inflammation, p. 67. London, 1862.

⁴ Op. cit., tome première.

⁵ Fecundity, Fertility, and Sterility, p. 323. Edinburgh, 1866.

source of the menstrual flow. But one of the most interesting facts bearing upon this point we received a few days since in a communication from Professor Chisholm, of Charleston, South Carolina. The case is briefly this: a patient was subjected to ovariectomy, and the Fallopian tube included with the pedicle in the external incision. A short time subsequently menstruation occurred, and coincident with the flow from the uterus there was a sanguineous discharge from this tube.

Chapter XXXVIII, upon *Gonorrhœa*, is an excellent one. We are not aware that any writer upon diseases of women would have the temerity, after the manner of Von Troil's chapter upon "Snakes in Iceland," referred to by De Quincey—"Of snakes in Iceland there are none"—to make a chapter upon leucorrhœa, running thus—"Of leucorrhœa, as an essential disorder, there is none;" and we are not sure that in a therapeutic point of view such a step would be advisable. Nevertheless, the student of uterine pathology must observe that a leucorrhœa demanding professional interference rarely exists, unless as the result of a vaginitis or an internal metritis, whether cervical or "corporeal," whether attended with ulcerations, granulations, fungous growths, etc. or not. Professor Pajot¹ says: "A writer upon internal pathology, who, after having treated of bronchitis, of pleurisy, and of pneumonia, should introduce into the section upon pulmonary affections a malady bearing the title 'Des Crachats,' would not do a more extraordinary thing than he does who makes leucorrhœa a distinct malady."

Since this discharge, as Professor Pajot observes, is but a symptom common to various pathological states, we sincerely believe that it would be better, in regard for scientific accuracy, to consider it solely in connection with those states.

Amputation of the Neck of the Uterus is the subject of Chapter XL. In speaking of the *varieties of the operation*, our author states that in some instances, "cancer, for example, it is necessary to remove the entire cervix, and even as much tissue as possible, from that portion of the organ above the vaginal attachment." He does not mention, however, Huguier's method. On reverting to page 289 we read as follows (he is speaking of *uterine prolapse*):—

"So frequent is the occurrence of hypertrophic elongation of the cervix, that in 1858 M. Huguier, of Paris, stated before the Academy of Medicine in that city, that as a general rule the cases regarded as due to descent were not so, but were instances of this elongation which produced eversion of the vagina. In 1860 he published a work in maintenance of this view, and strongly recommended amputation of this hypertrophied part, or rather as much of it as existed below the vaginal attachment."

Our reading of Huguier's *Memoir*² would lead us to a somewhat different statement, in one or two respects, of his views to that which Professor Thomas has given. The memoir is divided into two parts, the one treating of *infra-vaginal*, and the other of *supra-vaginal* hypertrophic elongation of the uterine neck, either condition simulating prolapse of the uterus; but it is only in the supra-vaginal form that vaginal prolapse and eversion occurred, and that in the treatment of this variety the amputation of the neck must be³ "au-dessus de l'insertion du vagin plus ou moins près

¹ Arch. Générales, vol. i. 1867, p. 223.

² Mémoire sur les Allongements Hypertrophiques du Col de l'Uterus. Paris, 1860.

³ Op. cit., p. 219.

du corps de l'organe, suivant le degré de l'allongement." In the infra-vaginal form the resection of the neck should be done at half a centimetre below the insertion of the vagina.

Diseases of the ovaries occupy the last one hundred and odd pages, except some three or four devoted to those of the Fallopian tubes. Other engagements, as well as the fact that this review has grown to an anticipated length, will prevent our making a detailed analysis of these several chapters, excellent as they are. We can glance at only two or three points.

On page 566 the author gives, under the subject of *ovariotomy*, "the results obtained by operators who have become eminent in connection with it during the past ten or fifteen years." We find the names of but Drs. Kimball, W. L. and J. L. Atlee and Peaslee among American operators. We think that this list might have been justly extended. For example, Dr. A. Dunlap, of Springfield, Ohio, has operated thirty-seven times, and had twenty-eight recoveries; and his statistics,¹ undoubtedly omitted from an oversight, especially should be given, as on page 561 we read:—

"Since this period"—*i. e.*, that of McDowell, Lizars, and Nathan Smith—"Atlee, Peaslee, Kimball, and Dunlap have been most influential in establishing the operation in America."

On page 560 Professor Thomas states on the authority of Velpeau, that the removal of large ovarian cysts "was discussed in 1722 by Schlenker, in 1731 by Willius, etc." This proposition was made still earlier. Schorkopff,² *Dissertatio medica inauguralis de hydropse ovarii*, February, 1685, positively states that "extirpation of the ovary itself will more certainly effect a cure, if it did not seem so cruel and dangerous."

On page 561, in a foot-note, Professor Thomas thus refers to Mr. Baker Brown's neglect to mention American surgeons in connection with *ovariotomy*:—

"Dr. Baker Brown's historical sketch of this operation commences: 'I do not purpose to give a history of the operation of *ovariotomy*.' The necessity for this declaration will be fully appreciated when it is stated that nowhere in his notice is the name of McDowell, Atlee, or any other American surgeon to be found." We might have quoted and directly contradicted the statement made by Mr. Brown,³ "The first who attempted extirpation, appears to have been Aummonier of Rouen, in 1782, and he was successful," for it appears that what has passed for many years for an *ovariotomy*, figuring as such in statistical tables,⁴ and the operator heading the list of illustrious names, was really the opening of a pelvic abscess some six or seven weeks after *accouchement*, by Laumonier⁵ of Rouen, in the year 1776, Mr. Brown being wrong as to name, date, and fact.

On page 595, in the consideration of solid ovarian tumours, Professor Thomas gives to the variety spoken of by most authors as *dermoid cysts*, the name of *histoid*, an excellent designation it seems to us, and includes

¹ Dr. D.'s statistics will be found in this Journal, 1862. We have given them up to the present.

² *Etude sur l'Hydropsie Enkystée de l'Ovarie et son Traitement Chirurgical*. By Sigismond Laskowski. Paris, 1867, p. 55.

³ *Surgical Diseases of Women*. London, 1861, p. 365.

⁴ See on Tumours of the Uterus, p. 264. Also Transactions of the American Medical Association, vol. iv. p. 286, etc.

⁵ Thèse de M. Herreroa. Paris, 1864. Also, *Obstetrical Transactions*, vol. iii. p. 42.

under it three sub-varieties, viz., *Dermoid*, *Pileous*, and *Adipose*; but when we remember that the contents of these cysts vary, that we may have bones, teeth, gelatiniform material, as well as hair, skin, fatty matter, etc., and that two or more of these various tissues or substances may be in the same cyst, it seems to us that these sub-divisions are not only needless, but objectionable, as not embracing all the different forms, and as being, each one, too exclusive.

The whole subject of ovarian dermoid—histoid in Dr. Thomas's nomenclature—cysts, is one of great interest, more speculative, however, than practical, since interference with them is not required on the part of the practitioner; nevertheless he should know most positively that they are not the evidence of conception, and adopting the language of Dr. Ritchie,¹ we may say that "every dermoid cyst of the ovary is an ovum, which has undergone a certain amount of development, that it is a perverted attempt at parthenogenesis."

And now, in taking leave of this treatise, we can frankly say that its value will be great to the physician, and especially to the medical student. Its arrangement is excellent, its expositions clear and practical, its style singularly free from mannerism, but polished, while the bibliographic research of the author, though quite extensive, is not allowed to overshadow the lessons of his personal experience. It contains vastly more that is worthy of commendation than it does affording ground for criticism; and such critical observations as we have made, in preference to the doubtful iterations and reiterations of laudatory adjectives, must be regarded mainly as additions or supplementary remarks, rather than corrections or fault-findings.

T. P.

ART. XVIII.—*Das Cholera Contagium*. Botanische Untersuchungen, Aerzten und Naturforschern mitgetheilt von Dr. ERNST HALLIER, Professor zu Jena. Mit einer Kupfertafel. Leipzig, 1867.
On Cholera Contagium. By Professor HALLIER of Jena.

THIS brochure of Professor Hallier is particularly interesting, as it bears the impress of care and candor, and of having been the work of one well fitted for the office by previous study and familiarity, both with the life history of the fungi, and the best methods of investigating the same. Unfortunately, Prof. H. has not furnished measurements of the various objects studied, an omission which seriously detracts from the value of microscopic work, and as regards some points may even render it valueless. In this case, however, the plant which is dealt with being well known, measurements are not as essential as they often are.

After stating various details to satisfy his readers as to the purity and condition of the cholera stools, which he experimented upon, the Professor describes the peculiar fungoid bodies, which he found abundant therein, as follows. The translations are made as literal as any respect for our language will allow:—

"Chrome yellow or golden yellow, rarely brownish or reddish-brown bodies are to be seen. A part of them have at first sight a very irregular form, as

¹ Ovarian Physiology and Pathology. London, 1865, p. 175.